



Colorado Department
of Public Health
and Environment

PUBLIC WATER SYSTEM VIOLATION NOTIFICATION FORM DISINFECTANT, DISINFECTION BYPRODUCTS RULE

The Colorado Department of Public Health and Environment, Water Quality Control Division requires notification when systems violate requirements of the D/DBP Rule.



Colorado Department
of Public Health
and Environment

COMPLETE AND FAX THIS DOCUMENT

TO: Colorado Department of Public Health and Environment
Water Quality Control Division (WQCD)
Compliance Assurance and Data Management Unit (CADM)
ATTN: D/DBP Rule Specialist
Fax Number: 303-782-0390

PUBLIC WATER SYSTEM GENERAL INFORMATION

PWSID #: _____ System Name: _____

Prepared By: _____ Title: _____

Fax Date: _____ Fax Number: _____

Submitted By: _____ Title: _____

Authorized Signature

PUBLIC WATER SYSTEM OFFICIAL VIOLATION OR EXCEEDENCE REPORT FOR THE FOLLOWING:

Date of Violation: _____ Time of Violation: _____

Type of Violation (Check all that apply):

MRDL:

- ☐ 11/1006
☐ 11/0999
☐ 11/1008 - Acute
☐ 11/1008 - Non-acute

MCL:

- ☐ 02/1011
☐ 02/1009
☐ 02/2456
☐ 02/2950

TREATMENT TECHNIQUE:

- ☐ 37/0400 ☐ 46/2920
☐ 12/0400

MONITORING:

- ☐ 27/0400 ☐ 27/1006 ☐ 27/1011 ☐ 27/0999 ☐ 27/1008
☐ 27/1009 ☐ 27/2920 ☐ 27/2456 ☐ 27/2950

Description and Probable Cause: _____

RECEIPT ACKNOWLEDGEMENT FROM CDPHE TO PUBLIC WATER SYSTEM

The Colorado Department of Public Health and Environment, Water Quality Control Division hereby acknowledges receipt of the "Public Water System Violation Notification Form".

Signature

Title

Date

Instructions on Reverse

Instructions For Completing the PWS Violation Notification Form

The PWS Violation Notification Form conforms with the Public Notification Rule, which classifies violations of drinking water standards and other situations into three tiers based upon the risk of adverse health effects. Any time there is a violation the PWS should fax this form to the CDPHE/WQCD Rule Specialist at: (303) 782-0390.

1. PWSID #: Enter the Public Water System (PWS) Identification Number assigned by CDPHE.
2. System Name: Enter system legal name provided to CDPHE when PWSID assigned.
3. Prepared By: Print the name of the person who prepared the form.
4. Title: Title of person who prepared the form.
5. Fax Date: Date on which the form was faxed to the Water Quality Control Division.
6. Fax Number: Fax Number for the Public Water System where receipt acknowledgement can be returned.
7. Submitted By: Print the name of the person submitting the form – **only if different from preparer**.
8. Title: Title of person submitting the form – **only if different from preparer**.
9. Authorized Signature: The person that signs the form must be the legal owner or authorized representative of the legal owner. This signature verifies that the information contained on the form is true and accurate.
10. Date of Violation: Print the date and/or month of the violation
11. Time of Violation: Record the time at which the violation occurred. If time is not applicable, record N/A.
12. Type of Violation: Check the appropriate box for the violation(s) that occurred.
11/1006 – RAA Chloramine MRDL violation; 11/0999 – Daily Chlorine MRDL violation; 11/1008 – Chlorine Dioxide MRDL violations, acute or non-acute; 02/1011 – RAA Bromate MCL violation; 02/1009 – Chlorite three sample set average MCL violation; 02/2456 – RAA HAA5 MCL violation; 02/2950 – RAA TTHM MCL violation; 37/0400 – Failure to submit major treatment process modifications; 12/0400 – failure to have Certified Operator; 46/2920 – Failure to meet DBP precursor removal; 27/0400 – Monitoring Plan violations; 27/1006 – Failure to monitor for Chloramine; 27/1011 – Failure to monitor for Bromate; 27/0999 – Failure to monitor for Chlorine; 27/1008 – Failure to monitor for Chlorine Dioxide; 27/1009 Failure to monitor for Chlorite; 27/2920 – Failure to monitor for DBP precursors (TOC Paired Sample and Source Alkalinity); 27/2456 – Failure to monitor for HAA5; 27/2950 – Failure to monitor for TTHM.
13. Description and Probable Cause: Briefly describe the violation, including suspected cause of the violation.

Upon receipt of this fax, an acknowledgement will be faxed out to the submitting PWS, indicating that this violation report form has been received by the CDPHE/WQCD D/DBP Rule Specialist and is being addressed.

DETERMINING TIER 1 and TIER 2 VIOLATIONS

Tier 1: For violations and situations with significant potential to have serious adverse effects on human health as a result of short-term exposure. The PWS must initiate consultation by faxing this reporting form to the CDPHE/WQCD Rule Specialist as soon as practical, but **no later than 24 hours** after the system learns of the violation.

- An acute violation under 11/1008 would constitute a Tier 1 Violation requiring notification of both the State and public **within 24 hours** of learning about the violation. This would include situations where any distribution sample, taken as a result of an MRDL exceedance, exceeds the MRDL. It would also include situations where the required distribution samples were not taken the day following any daily MRDL exceedance.

Tier 2: For other violations, exceedances, and upsets with potential to have series adverse effects on human health. Notification to their customers within 30 days after the system learns of the violation in accordance with the *Colorado Primary Drinking Water Regulations*, Article 10 – Public Notification. The PWS must also fax this reporting form to the CDPHE/WQCD Rule Specialist **no later than 48 hours** after the system learns of the violation.

Tier 3: For all other violations, exceedances, and upsets requiring notification and not covered in Tier 1 or Tier 2. The PWS must notify the public within 12 months of learning of the violation in accordance with the *Colorado Primary Drinking Water Regulations*, Article 10 – Public Notification. In addition, the PWS must fax this reporting form to the CDPHE/WQCD Rule Specialist **within 48 hours** of learning of the violation.